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1763

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Akihisa HONGO et al

Serial No. 09/842,650

Filed April 27, 2001



Confirmation No. 7681

Atty Docket No. 2001\_0519A

Group Art Unit 1763

Examiner S. Macarthur

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REVOLUTION MEMBER SUPPORTING  
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**PATENT OFFICE FEE TRANSMITTAL FORM**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED  
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Sir:

Attached hereto is a check in the amount of \$960.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time ..... \$420.00

Information Disclosure Statement ..... \$180.00

Additional Claims Fee Transmittal Letter  
Excess of Twenty ..... \$360.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

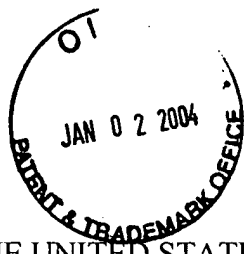
Akihisa HONGO et al.

By David M. Overlovitz  
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January 2, 2004

[Check No. 39542]

2001\_0519A



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Confirmation No. 7681  
Akihisa HONGO et al. : Docket No. 2001\_0519A  
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**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

|  | SMALL ENTITY |    | LARGE ENTITY      |
|--|--------------|----|-------------------|
| Total Claims exceeding 20<br>(not already paid for): 20 x                                | (\$ 9 = \$)  | or | (\$18 = \$360.00) |
| Indep. Claims exceeding 3<br>(not already paid for): x                                   | (\$43 = \$)  | or | (\$86 = \$)       |
| <input type="checkbox"/> Multiple Dep. Claim(s)<br>(if there previously<br>were none): + | (\$145 = \$) | or | (\$290 = \$)      |
| Total Additional Fee =   | \$           | or | <u>\$360.00</u>   |

- ☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
- ☐ is enclosed or
- ☐ has been previously submitted.

[X] A check in the amount of \$360.00 is enclosed.

[] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Akihisa HONGO et al.

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